

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020302

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5680**

FILED JUN 15 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Webster Groves</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>300 Jefferson, Webster Groves</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Julia Annie Crawford</b>		4. DATE OF DEATH Month Day Year <b>June 3 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>6-22-1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Private Home</b>	11. BIRTHPLACE (City and state or country) <b>Little Rock, Arkansas</b>
13a. FATHER'S NAME <b>Harris Crawford</b>		13b. MOTHER'S MAIDEN NAME <b>Emma McNeil</b>	14. NAME OF HUSBAND OR WIFE <b>- -</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT Address <b>Mrs. Iola Thompson - 5815 Page</b>
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intestinal Obstruction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Lympho-epithelioma uteri</b> DUE TO (c) <b>174x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Attempted operative correction of obstruction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>6 mos.</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>6/1/62</b> to <b>6/3/62</b> and last saw her alive on <b>6/3/62</b> Death occurred at <b>2:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James E. [Signature] M.D.</b>		22b. ADDRESS <b>St. Luke's Hospital</b>	22c. DATE SIGNED <b>6/4/62</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipping</b>	23b. DATE <b>6-6-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Little Rock, Arkansas</b>	23d. LOCATION (City, town, or county)
24. FUNERAL DIRECTOR ADDRESS <b>ATKINS BROS. 3644 Finney Ave.</b>		25. DATE REC'D. BY LOCAL REG. <b>JUN 6 1962</b> 26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1

40073

3

4

5

6

7

8

9

10

11

12 81-0

13

81

Missouri

St. Louis

300 Jefferson, Webster Groves

June 3 1962

June

Crawford

Annie

Julia

X 6-22-1896 62

Heiro

Female

USA

Little Rock, Arkansas

Private Home

Cook

Emma McNeil

Harris Crawford

Mrs. Iola Thompson - 5815 Pare

402-36-3001

no

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John X. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Arkansas

6-6-62

Shipping

3644 Emma Ave.

ARKANSAS